

current Minister of Health and Social Services, Dr Yves Bolduc, ordered the 4 Quebec faculties of medicine to develop comprehensive action plans with the objective of inducing up to 45% (and perhaps eventually 50%) of our graduates to choose careers in family medicine—only time will judge our success.

—Stephen DiTommaso MD FCFP  
Montreal, Que

#### Reference

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## Response

Dr DiTommaso is correct in identifying the inclusion of the Francophone Quebec faculties in the Canadian Resident Matching Service in 2006 as one of the factors leading to the increased percentage of first-year residents choosing family medicine as their first choice. Between 2000 and 2002, just below 30% of students chose family medicine first. This reached an all-time low in 2003 at 25%. Since then we have seen a gradual increase (with a slight dip in 2007). Even within medical schools, there has been substantial variability from year to year. Our challenge is to proactively develop strategies aimed at increasing the appeal of family medicine, and those strategies need to be implemented through all phases of the learning continuum.

—Sarah Kredentser MD CCFP FCFP  
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## Maternal history

Dr Cameron's article "Nothing to do but wait" details a remarkable story of a home birth performed by Dr Charles Webster in 1892.<sup>1</sup> Beautifully written and including excerpts from Dr Webster's original account of the delivery, the story contains vivid imagery and highlights the physical as well as medical obstacles physicians faced in the late 19th century. The story concludes with the delivery of a stillborn child, along with some practical and medical lessons for physicians.

The epilogue of the article, however, presents cause for concern. A brief reference is made to a declining maternal mortality rate and an increased rate of women giving birth in hospital, suggesting that the shift from women giving birth at home to hospital resulted in reduced risk to the mother. Although this has in fact been the case over many years (the maternal mortality rate in Canada did in fact decrease from the late 19th century to the 1920s and the mid-20th century to present), linking this result to an increase in hospital births as opposed to home births is misleading. In fact, when women initially began giving birth in hospital the maternal mortality rate increased; it was not until great changes occurred to the practice of obstetrics in hospital that the rate declined,

achieving the remarkably low rates of maternal mortality we have today.

It is undeniably true that between the late 19th century and the mid-20th century there was a dramatic change in the obstetric care of women. More physicians in the late 19th century (which at that time also meant more men) were becoming involved in obstetric care and were replacing midwives, who were mostly women.<sup>2-4</sup> In addition, women began to give birth in hospitals and the proportion of women doing so steadily increased throughout this period.<sup>2,3,5</sup> During this time, the maternal mortality and infant mortality rates declined sharply in Canada. However, the transition from at-home births by midwives to in-hospital births by physicians was not entirely smooth or without consequences.

The New York Maternal Mortality Study was funded by the Commonwealth Fund and conducted by the New York Academy of Medicine from 1930 to 1932.<sup>6</sup> The study found that home births attended to by midwives during this time actually had the lowest maternal death rate and that approximately two-thirds of the maternal deaths that occurred in hospital were preventable. These results were evident despite the fact that maternal death was attributed to a midwife if she had attended to the patient at all, including in the event that the patient was later brought to the hospital and a physician became involved. The causes of maternal death, in order of prevalence, were found to be puerperal sepsis, eclampsia, hemorrhage, and accidents. While this study is American, maternal mortality in association with hospital birth was also seen as a concern in Canada.<sup>4</sup> In addition, just as American physicians attempted to pass responsibility for maternal mortality onto midwives, so too did physicians in Canada.<sup>4</sup>

The publication of this study resulted in much debate. Physicians, particularly obstetricians, were understandably upset by the results and many argued against the validity of the study. Subsequent studies were performed and ultimately the conclusion that in-hospital obstetric care of women contained unnecessary risks was accepted.<sup>6</sup> Over time, acknowledgement of these risks resulted in changes in the practice of obstetrics and, along with scientific advancement such as the discovery of antibiotics in 1929, the maternal mortality rate declined to where it is today.

Overall, we as physicians have much to be proud of. Medicine has changed

dramatically since the late 19th century, a short time by historic standards. Nevertheless, it is important for us to remember that the improvements in care and reductions in mortality that have occurred have not always been straightforward and without consequence. It is important for us to remain humble and to respect our past and understand that just as we appreciate the challenges and at times the errors of our predecessors, so too will physicians of the future look back on us and see the limitations of our knowledge and practice in the years to come.

—Carrie Schram MD  
Toronto, Ont

## References

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